LEGISLATIVE SERVICES AGENCY OFFICE OF FISCAL AND MANAGEMENT ANALYSIS

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FISCAL IMPACT STATEMENT

LS 6983 NOTE PREPARED: Jan 26, 2011

BILL NUMBER: HB 1452 BILL AMENDED:

SUBJECT: Drug Testing for Public Assistance.

FIRST AUTHOR: Rep. Yarde BILL STATUS: As Introduced

FIRST SPONSOR:

FUNDS AFFECTED: X GENERAL IMPACT: State & Local

 $\frac{\mathbf{X}}{\mathbf{X}}$ DEDICATED $\frac{\mathbf{X}}{\mathbf{X}}$ FEDERAL

<u>Summary of Legislation:</u> This bill requires the Division of Family Resources to develop a program to test, for use of controlled substances, an individual applying for or receiving assistance under the federal Temporary Assistance for Needy Families (TANF) program, if a county office believes, based on reasonable suspicion, that the individual is engaged in the illegal use of controlled substances. The bill provides that an individual who tests positive for a controlled substance without a prescription is ineligible to receive TANF assistance.

This bill provides that an individual who is ineligible to receive assistance may reapply for assistance under the TANF program on the earlier of: (1) six months after the date the individual tests positive for a controlled substance; or (2) the date the individual complies with and completes a drug abuse treatment program.

The bill provides that an individual who is ineligible for TANF assistance as the result of testing positive for the presence of illegal drugs is ineligible for assistance under the Medicaid program. It requires the Office of Medicaid Policy and Planning (OMPP) to apply for an amendment to the state Medicaid plan to limit Medicaid eligibility for individuals who are ineligible under the TANF program as the result of testing positive for the presence of illegal drugs.

Effective Date: Upon passage; July 1, 2011.

<u>Summary of NET State Impact:</u> This bill is expected to have a net fiscal impact of decreasing state expenditures between approximately \$52,000 and \$82,000 annually. This estimate is based on the cost of providing drug tests and the reduction in public benefit expenditures.

Explanation of State Expenditures: *Summary:* When a county office believes, based on reasonable suspicion, that an applicant or recipient of TANF is engaged in the illegal use of a controlled substance, DFR may test the individual. Based on an assumption that 5% of the TANF *recipient* population might be selected for testing, testing costs are estimated to be \$103,000. The total estimated cost for drug testing 5% of the TANF *applicant* population is an additional \$70,000. The total drug testing costs are expected to be \$173,000 per year. These are for drug-testing costs only and do not include administrative costs.

The estimated reduction in state expenditures for TANF is between \$57,000 and \$87,000. The total reduction in state expenditures for Medicaid is estimated to be \$168,000, assuming federal approval.

The bill also requires that the Office of Medicaid Policy and Planning (OMPP) petition the U.S. Department of Health and Human Services (DHHS) for approval to amend the State Medicaid Plan to limit the eligibility of those that test positive for illegal drugs. Requiring the Office to submit a petition to DHHS would increase the workload of the staff.

Additionally, as the bill specifies that individuals who test positive for controlled substances are ineligible for Medicaid, expenses of the Division of Mental Health and Addiction may increase to provide treatment services to individuals who (1) elect to participate in treatment services and (2) cannot afford to pay for addiction treatment services provided by private providers and not-for-profit providers.

Background Information:

<u>Note</u>: A report from the Ford School at the University of Michigan (Pollack, Danziger, Jayakody, and Seefeldt), titled <u>Drug Testing Welfare Recipients - False Positive</u>, False Negatives, Unanticipated Opportunities, was used to calculate the number of individuals who would test positive on drug tests.

Drug Testing Requirement: The Family and Social Services Agency (FSSA) reports there are currently no TANF funds available for drug testing costs. FSSA also reports the state would be responsible for 100% of the costs of drug testing.

Under the bill, the following individuals would be required to undergo a drug testing program if a county office believes (based on reasonable suspicion) that the individuals are engaged in the illegal use of controlled substances TANF *applicants and recipients* who are at least 18 years of age.

The bill requires samples from individuals who test positive for a controlled substance to be submitted to a second test to rule out a false positive. Individuals who, after the two drug tests and an administrative hearing, are determined to have illegally used a controlled substance are considered ineligible for benefits.

The costs of the drug testing will vary depending on how many individuals are selected for testing and how many test positive for illegal drugs that would require a verification test to confirm an initial positive. The cost of the drug tests will also vary depending on how many panels the tests possess. If a test contains more panels, then the drug test checks for the presence of more drugs (and therefore is more expensive).

The Indiana Department of Correction reports that a 5-panel drug test costs \$6.50 per test and a gas chromograph and mass spectrometer (GC-MS) confirmation test (to verify initial drug tests) costs \$17 per test. If DFR is able to contract out the drug-testing requirements, this will have less of an effect on staff workload.

Total drug testing costs will depend on the number of applicants for benefits as well as the number of benefit recipients. For FY 2010, FSSA reports there were a total of 150,666 <u>applications</u> for TANF benefits and 221,723 individuals who <u>received</u> TANF benefits. A total of 372,389 individuals per year would be subjected to drug testing under the bill.

Assuming 5% of benefit applicants and recipients are selected for drug testing, the costs for the initial drug test are estimated to be \$121,000 and the costs for the verification drug tests are expected to be \$52,000. The total cost for drug tests for applicants is expected to be \$173,000 per year with an estimated 488 recipients and 331 applicants being ruled ineligible for benefits annually. This estimate does not account for the actual number of applicants who would be found eligible for benefits in the absence of a drug testing program.

Cost Savings from Benefit Applicants:

An estimated 331 applicants for TANF benefits are expected to test positive on both their initial and verification drug test, thereby disqualifying them from receiving benefits. It is unknown how many of these disqualified applicants would have been determined eligible for benefits in the absence of a drug testing program. Any cost savings the state may experience from applicants who test positive on their drug tests are indeterminable. Additionally, cost savings may be reduced to the extent any cost savings from benefit disqualifications are reallocated to other programs.

Cost Savings from Current Benefit Recipients:

[The estimates contained in this analysis all assume individuals who test positive for controlled substances will be ineligible for benefits for the duration of six months.]

TANF: For FY 2010, FSSA reports there were 221,723 unique individuals who received either TANF only benefits, TANF and SNAP benefits, TANF and Medicaid benefits, or TANF, SNAP, and Medicaid benefits. [Note: Individuals who received only Medicaid benefits were omitted as they would be unaffected by the bill.]

If 5% the total 221,723 recipients are subjected to drug testing, 11,086 would receive a drug test. An estimated 1,796 would test positive on the first drug test and would require a verification drug test. An estimated 488 would test positive on both the initial and verification drug tests and ineligible for TANF and Medicaid benefits.

There could be a reduction in state expenditures for TANF benefits assuming a 6-month removal from benefit payments and no substitution into the program. The amount of cash assistance associated with one member of the TANF assistance unit can be \$58.50 or \$90 monthly, depending on family size. (Dependent children would not necessarily lose benefits - only the adult's benefit would be affected.) Additionally, it is not known how many families have adults that have exceeded the maximum benefit time period in the TANF program and dependants are the only beneficiaries in the house. The reduction in the state payment for TANF benefits is estimated to be between \$57,000 and \$87,000. Any reduction in benefits paid to individuals that test positive for drugs and are removed from eligibility can be diverted to eligible individuals in other programs.

The effect this bill will have on state expenditures for TANF and Medicaid (related to drug offenses) ultimately depends on (1) the number of individuals tested and who test positive for drugs under both drug

tests, (3) if these resources will be reallocated to other programs, (4) the costs of the drug tests selected by administering agencies, and (5) benefit amounts administered by the program (TANF benefits increase based on family size).

Medicaid: FSSA reports the average monthly enrollment in the Medicaid program for FY 2010 was 1,200,504. Of the 488 TANF recipients who are expected to test positive on both tests, an estimated 236 will also be Medicaid recipients. The per recipient, per month spending in the Medicaid program for FY 2010 was \$361. Assuming 6 months of ineligibility as well as the federal reimbursement rate in the Medicaid program, this bill is expected to decrease state Medicaid expenditures by \$168,000 per year. This assumes federal approval of the program.

Additional Analysis:

Individuals who are found ineligible for benefits as the result of a positive initial and verification drug test are ineligible for the earlier of either 6 months after testing positive for a controlled substance or the date an individual complies with and completes a drug abuse treatment program. As these individuals would be considered ineligible for Medicaid, individuals who enter a drug abuse treatment program would likely either (1) pay for treatment out-of-pocket, (2) seek treatment from a not-for-profit agency, or (3) seek treatment through programs financed by the Division of Mental Health and Addiction. Actual increases in expenditures are indeterminable.

Explanation of State Revenues:

<u>Background on Programs-</u> TANF Program: TANF assistance is shared between state and federal governments. However, the federal share is provided through a capped block grant allocation with a state maintenance-of-effort (MOE) requirement. TANF block grant allocations are determined on a formula basis with increased flexibility for their use by the states over what was permitted under the prior Aid to Families with Dependent Children (AFDC) Program. The state contributes roughly 1/3 of the benefits in the TANF program.

Medicaid Program: Medicaid is an entitlement program offered jointly by the federal and state government. Individuals that meet the established criteria are entitled to benefits in the program. A reduction in the number of individuals eligible for Medicaid under this bill may have the potential to decrease matching funds from the federal government or free resources for new individuals to be served in the state Medicaid program.

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: OMPP; DFR; DMHA.

Local Agencies Affected:

<u>Information Sources:</u> Ford School at the University of Michigan (Pollack, Danziger, Jayakody, and Seefeldt), *Drug Testing Welfare Recipients - False Positive, False Negatives, Unanticipated Opportunities,* 2001; Issues Relating to the Organizational Structure of the Office of the Secretary of Family and Social

Services; FSSA Comparative Review of Selected Programs; Jason Dudrich, FSSA; 1997 National Household Survey of Drug Abuse; Rich Adams, FSSA; David Webster, FSSA; Susie Howard, FSSA; Elizabeth Johnson, Department of Corrections; Gina Eckart, DMHA.

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